

③

(Del. Rev. 12/98)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

Sherry L. Washington

(Name of Plaintiff or Plaintiffs)

CIVIL ACTION NO.

06 - 42 -

v.
United State's the official
or agency

(Name of Defendant or Defendants)

COMPLAINT

1. This action is brought pursuant to _____
(Federal statute on which action is based)
for discrimination related to Religion origin jurisdiction exists by virtue of
(In what area did discrimination occur? e.g. race, sex, religion)

(Federal statute on which jurisdiction is based)

2. Plaintiff resides at 302 W. 32 st.
(Street Address)
Wilmington De. 19802
(City) (County) (State) (Zip Code)
1-302-762-4674
(Area Code) (Phone Number)

3. Defendant resides at, or its business is located at United
U. State's or official's or Agency
(Street Address)
Wilmington De.
(City) (County) (State) (Zip Code)

4. The alleged discriminatory acts occurred on 6, 18, 04
(Day) (Month) (Year)

5. The alleged discriminatory practice ☒ is ☐ is not continuing.

6. Plaintiff(s) filed charges with the

medical only
Delaware Violent Crime Compensation Board
 (Agency) & Victim's Service

(Street Address)

(City)

(County)

(State) (Zip)

regarding defendant(s) alleged discriminatory conduct on:

(Date)

7. Attach decision of the agency which investigated the charges referred in paragraph 6 above.

8. Was an appeal taken from the agency's decision?

Yes ☒

No ☐

only Medical

If yes, to whom was the appeal taken?

9. The discriminatory acts alleged in this suit concern: (Describe facts on additional sheets if necessary)

Beat to A Neurology coming around
passed study being beat when coming around
again's kids running up hill called police
was beaten from shoulder to head
in head the police called Ambulance and
for Code's over a case of mine.

10.

Defendant's conduct is discriminatory with respect to the following:

- A. ☐ Plaintiff's race
- B. ☐ Plaintiff's color
- C. ☐ Plaintiff's sex
- D. ☒ Plaintiff's religion
- E. ☒ Plaintiff's national origin

page 1 of 3

to me & mine over this
 mental and physical abuse
 in ways, this way, that way, unknown
 way, in that way come around
 and speak in that way

Sherry E. Washington

concern's

page 10 of 12

Also went to D.C. after
 ward's one the girl's mother
 or family came in and
 hit me over me asking her
 to cover her mouth with
 saying excuse me she jumped
 up & smack me in the
 face with a back scratcher
 me & her both was put out
 for 3 days called police
 none respond prior to this
 threats up to now mental
 & physical abuse happening



STATE OF DELAWARE

DELAWARE VIOLENT CRIMES COMPENSATION BOARD

240 N. JAMES STREET, SUITE 203
NEWPORT, DE 19804
TELEPHONE: (302) 995-8383
FAX: (302) 995-8387

THOMAS W. CASTALDI
CHAIRMAN
LEAH W. BETTS
VICE CHAIRWOMAN

GERTRUDE BURKE
EXECUTIVE SECRETARY/DIRECTOR

V. LYNN GREGORY
STEPHANIE I. LIGUORI
STEPHEN L. MANISTA

March 28, 2005

Ms. Sherry Washington
302 W. 32nd Street
Wilmington, DE 19802

RE: CLAIM NO: 05-8780-PT

Dear Ms. Washington:

I would like to acknowledge that your application has been received by this agency and I have been assigned to investigate your claim. The claim number assigned to your file is listed above.

In order for us to process your claim, it will be necessary for you to submit all the necessary information. Please forward copies of all the requested documents on the attached form within fifteen (15) days of receiving this letter. Failure to respond to this request may result in a denial of compensation. If you have difficulty compiling this information, please contact me. Enclosed is a business reply envelope for your convenience.

If an attorney represents you in the filing of this claim, please have him/her contact this office so that we may advise him/her of this agency's guidelines regarding attorney fees.

Please be advised that it is your responsibility to notify this office in the event of any change in address or telephone number.

Sincerely,

A handwritten signature in black ink, appearing to read "Humphrey B. Truitt".

Humphrey B. Truitt
Investigator

Cc: Monia Bayard,



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STEPHEN L. MANISTA

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EXECUTIVE SECRETARY/DIRECTOR

VCCB DISPOSITION

CLAIM NO.: 05-8780-PT
CLAIMANT: SHERRY WASHINGTON
ADDRESS: 302 WEST 32ND STREET
WILMINGTON, DE 19802

UNDER THE PROVISIONS SET FORTH IN TITLE 11, CHAPTER 90 OF THE DELAWARE CRIMINAL CODE, AN AWARD IS HEREBY GRANTED IN THE AMOUNT OF \$19,440.

DISBURSEMENTS SHALL BE MADE PAYABLE TO THE INDIVIDUAL(S) AS OUTLINED ON REVERSE SIDE OF THIS NOTICE.

SPECIAL CONDITIONS

- [X] A. REIMBURSEMENT TO VIOLENT CRIMES COMPENSATION BOARD IF SUCCESSFUL IN CIVIL ACTION SUIT.
- [X] B. PER CONTRACT, DISCOUNT PAYMENT ON REVERSE SIDE OF THIS DOCUMENT TO: X-RAY ASSOCIATES, ACCOUNT NO.: 1239378, DOS: 6/18/04; IS EQUAL TO FULL PAYMENT OF ACCOUNT. THE CLAIMANT IS NOT RESPONSIBLE FOR ANY ADDITIONAL PAYMENT.
- [X] C. *THE VIOLENT CRIMES COMPENSATION BOARD IS A PAYER OF LAST RESORT. CLAIMANT/VICTIM MUST USE ALL AVAILABLE RESOURCES TO PAY FOR CRIME-RELATED EXPENSES. THE BOARD CAN ONLY CONSIDER THOSE EXPENSES NOT COVERED BY INSURANCE. IF THE CLAIMANT/VICTIM IS ENROLLED IN A MANAGED CARE INSURANCE PLAN, THEN THE CLAIMANT/VICTIM MUST USE A PARTICIPATING PROVIDER FOR TREATMENT. ANY EXPENSES INCURRED FOR TREATMENT BY A NON-PARTICIPATING PROVIDER MAY BE DENIED UNLESS PRIOR APPROVAL IS OBTAINED FROM THE BOARD.*
- [X] D. NO DOCUMENTATION HAS BEEN SUBMITTED TO SUBSTANTIATE FUTURE CRIME-RELATED LOSSES/EXPENSES. IN THE EVENT THAT FUTURE LOSSES/EXPENSES ARE INCURRED, THE CLAIMANT MUST SUBMIT A WRITTEN REQUEST TO RE-OPEN CLAIM WITHIN TWO (2) YEARS FROM THE DATE AUTHORIZED BELOW. SUPPORTING DOCUMENTATION MUST BE INCLUDED WITH THE RE-OPEN REQUEST.
- [X] E. IF THE DECISION IS ACCEPTABLE PLEASE SIGN, HAVE NOTARIZED, AND RETURN THE ENCLOSED RIGHT OF APPEAL. APPLICABLE PAYMENTS WILL BE RELEASED WITHIN THIRTY (30) DAYS FROM THE RECEIPT OF THE WAIVER.
- [X] F. IF THE DECISION IS NOT ACCEPTABLE, THE CLAIMANT MUST FORWARD A WRITTEN REQUEST FOR A HEARING WITH THE BOARD. THE REQUEST MUST OUTLINE THE REASON(S) FOR DISPUTE, AND MUST BE RECEIVED BY THIS OFFICE WITHIN FIFTEEN (15) DAYS FROM THE RELEASE DATE AT THE BOTTOM OF THIS DOCUMENT.
- [X] G. ALL AWARDS ARE SUBJECT TO FURTHER ORDER OF THE BOARD.

11. Plaintiff prays for the following relief: (Indicate the exact relief requested)

preventative For Sherry L. Washington,
and mine their above¹⁵ that way this way and
Kids Troy M. Washington, Kenneth I Washington
Webster, Dad's and ^{also suppose Mom} Grants From the Abuse
mentally physically threats Harass in this way,
that way, Unknown way, ^{TAXOMY} ~~TAXOMY~~, the radio way
also with Incarcerations, the Happening Non

I declare under penalty of perjury that the foregoing is true and correct. ^{to the best}
of knowledge.

Dated: 1/24/6

Sherry L. Washington
(Signature of Plaintiff)

1 of 2

Plaintiff Pray's For Continuance

Non Continuance,
and all entitled too.

There En After.

Date 1/24/6

Sherry E. Washington

06 - 42 -

JS 44 (Rev. 11/04)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS <i>Sherry E. Washington</i> <i>302 W. 32 St. Wilmington De.</i>	DEFENDANTS <i>United States or</i> <i>it's officials, Agency or official</i>
(b) County of Residence of First Listed Plaintiff (EXCEPT IN U.S. PLAINTIFF CASES) <i>1-302-762-4674</i>	County of Residence of First Listed Defendant (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.
(c) Attorney's (Firm Name, Address, and Telephone Number)	Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)	III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)						
<input type="checkbox"/> 1 U.S. Government Plaintiff <input checked="" type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Citizen of This State <input checked="" type="checkbox"/> 1 Citizen of Another State <input type="checkbox"/> 2 Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 </td> <td style="width: 50%;"> DEF <input type="checkbox"/> 1 Incorporated or Principal Place of Business In This State Incorporated and Principal Place of Business In Another State <input type="checkbox"/> 2 Foreign Nation <input type="checkbox"/> 3 </td> </tr> <tr> <td style="width: 50%;"> DEF <input type="checkbox"/> 4 Incorporated or Principal Place of Business In This State </td> <td style="width: 50%;"> DEF <input type="checkbox"/> 5 Incorporated and Principal Place of Business In Another State </td> </tr> <tr> <td style="width: 50%;"> DEF <input type="checkbox"/> 6 Foreign Nation </td> <td style="width: 50%;"> DEF <input type="checkbox"/> 6 Foreign Nation </td> </tr> </table>	Citizen of This State <input checked="" type="checkbox"/> 1 Citizen of Another State <input type="checkbox"/> 2 Citizen or Subject of a Foreign Country <input type="checkbox"/> 3	DEF <input type="checkbox"/> 1 Incorporated or Principal Place of Business In This State Incorporated and Principal Place of Business In Another State <input type="checkbox"/> 2 Foreign Nation <input type="checkbox"/> 3	DEF <input type="checkbox"/> 4 Incorporated or Principal Place of Business In This State	DEF <input type="checkbox"/> 5 Incorporated and Principal Place of Business In Another State	DEF <input type="checkbox"/> 6 Foreign Nation	DEF <input type="checkbox"/> 6 Foreign Nation
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DEF <input type="checkbox"/> 6 Foreign Nation	DEF <input type="checkbox"/> 6 Foreign Nation						

IV. NATURE OF SUIT (Place an "X" in One Box Only)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CONTRACT</th> <th style="text-align: left;">TORTS</th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 159 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise </td> <td style="vertical-align: top;"> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Med. 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V. ORIGIN (Place an "X" in One Box Only)	Appeal to District Judge from Magistrate Judgment
<input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from another district (specify) <input type="checkbox"/> 6 Multidistrict Litigation	<input type="checkbox"/> 7

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

VI. CAUSE OF ACTION	Brief description of cause: <i>Litigation Compensation Code of Misconduct Proceeding</i>
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VII. REQUESTED IN COMPLAINT:	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 <input type="checkbox"/> DEMAND \$ <i>100,000,000 plus</i> CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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VIII. RELATED CASE(S) IF ANY <i>Similar in D.C.</i>	JUDGE _____ DOCKET NUMBER _____
---	---------------------------------

DATE <i>1/24/06</i>	SIGNATURE OF ATTORNEY OF RECORD <i>Sherry Washington</i>
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FOR OFFICE USE ONLY	RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____
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